

Dr. Turner

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025214

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

767

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|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE MISSOURI b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | c. CITY OR TOWN SPRINGFIELD | |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. | | d. STREET ADDRESS (If outside, give location) 1131 E. ELM | |
| 3. NAME OF DECEASED (Type or print) First Middle Last EDNA W. THOMAS | | 4. DATE OF DEATH Month Day Year AUG. 2 1958 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH FEB. 14 1896 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME | | 11. BIRTHPLACE (City and state or country) SPRINGFIELD, MISSOURI | |
| 13a. FATHER'S NAME JOSEPH W. WELCH | | 14. NAME OF HUSBAND OR WIFE CARL M. THOMAS (DEC.) | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO | | 17. INFORMANT Address CARL W. THOMAS FALLS CHURCH, VA. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE CORONARY INSUFFICIENCY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) UNDETERMINED CAUSE; CORONARY EMBOLISM POSSIBLE BUT NOT ESTABLISHED AT AUTOPSY. DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RHEUMATIC HEART DISEASE, INACTIVE, WITH MINOR STENOSIS | | | INTERVAL BETWEEN ONSET AND DEATH 36 HOURS |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from 6-15-58 to 8-2-58 and last saw her alive on 8-2-58 Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Edna W. Thomas M.D. | | 22b. ADDRESS 609 Cherry-Springfield, Mo. | |
| 22c. DATE SIGNED 8-4-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 8/6/58 | 23c. NAME OF CEMETERY OR CREMATORY NATIONAL | 23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO. |
| 24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER SPRINGFIELD, MO. | | 25. DATE RECD. BY LOCAL REG. 8-6-58 | 26. REGISTRAR'S SIGNATURE Effie S. Melton |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *HH Mc Conn*

Licensed Embalmer No. *2727*

P. O. Address *Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.